

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Methodist Hospitals**

Year: 2003 City: Gary Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$157,311,499	Salaries and Wages	\$59,731,064
Outpatient Patient Service Revenue	\$72,318,008	Employee Benefits and Taxes	\$20,491,143
Total Gross Patient Service Revenue	\$229,629,507	Depreciation and Amortization	\$12,286,940
2. Deductions from Revenue		Interest Expenses	\$71,873
Contractual Allowances	\$143,084,173	Bad Debt	\$5,293,738
Other Deductions	(\$28,105,059)	Other Expenses	\$56,580,002
Total Deductions	\$114,979,114	Total Operating Expenses	\$154,454,760
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$114,650,393	Net Operating Revenue over Expenses	(\$12,230,457)
Other Operating Revenue	\$27,573,910	Net Non-operating Gains over Losses	\$2,565,431
		Total Net Gain over Loss	(\$9,665,026)

Total Operating Revenue	\$142,224,303
-------------------------	---------------

6. Assets and Liabilities	
Total Assets	\$149,358,514
Total Liabilities	(\$225,238,748)

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$102,563,048	\$47,440,443	\$55,122,605
Medicaid	\$58,216,728	\$33,046,347	\$25,170,381
Other State	\$823,187	\$571,854	\$251,333
Local Government	\$0	(\$28,105,059)	(\$28,105,059)
Commercial Insurance	\$68,026,544	\$45,002,174	\$6,001,015
Total	\$229,629,507	\$114,979,114	\$114,650,393

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$18,811	\$30,605	(\$11,794)

Educational	\$134,288	\$957,924	(\$823,636)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	5,829
Number of Hospital Patients Educated In This Hospital	1,862
Number of Citizens Exposed to Health Education Message	8,162

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Gary and Merrillville
------------------------	------	-------------------------	-----------------------

#### **Hospital Mission Statement**

Committed to excellence in diagnostic and treatment services for all patients. We seek to enable every resident in our communities to achieve and maintain the highest possible status of health for physical, emotional and social well being.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
------------------------	----------------------------	---------------------------

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	18,031	15,385	NR
<b>Charity Care Allocation</b>	(\$553,492)	(\$471,611)	(\$8,593,253)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Health Fairs held four times a year	(\$765,492)
Smoking Cessation Program	NR
Walk Walkers program with Health Information	NR

Reach Out and Read Early Initiative	NR
All Other Initiatives	NR

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	\$5,320,988
<b>2. Community Health Education</b>	(\$105,976)
<b>3. Community Programs and Services</b>	(\$544,862)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,971,826)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
--	--------------------------

None	\$0
------	-----

**For further information on these initiatives, contact:**

Hospital Representative: Angelica Mangana

Telephone number: 219/886-4404

Web Address Information: [www.methodisthospitals.org](http://www.methodisthospitals.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,440	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	38.7%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	185.0	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.1	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$805	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,258	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	31.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$531	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.7%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$5,320,988)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-8.6	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.